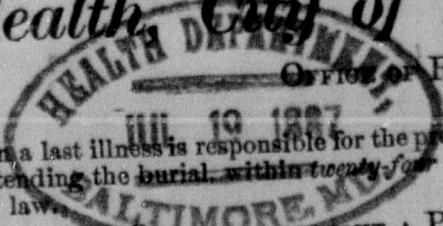


Board of Health, City of Baltimore, 19



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 1520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sabby James

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, About 70 Years,

Months,

Days

Color, Black

Widow ✓

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, St. Mary's County Far

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) } 44 years

Duration of Residence in the City of Baltimore, 805 Vincent Alley

Place of Death, { Give street and number } Appooley

Cause of Death, { First, (Primary) } Asthme

, { Second, (Immediate) } three days

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19th 1887

Underiaker, W. H. Dunree

Place of Business, 150 East St

P. S. Field

M. D.

Medical Attendant.

Address, 1637 Edmundson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ovr]

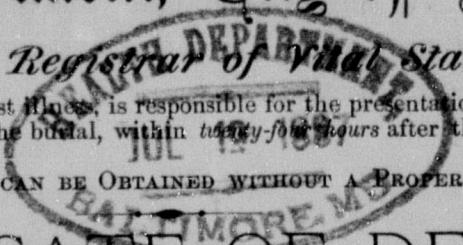
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1521 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Holliday

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor aboard Schr. W. & Gillard

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Hailing from Baltimore Maryland - D. A. Co.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give Street and Number. } Accidentally drowned off the foot of Hughes St.

Cause of Death, { First (Primary), Drowning. Second (Immediate), Asphyxia. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cornhill, Md

Date of Burial, July 19th 1887

Undertaker, H. W. Trott

Place of Business, 421 Hanover St Address, 1701 Dr. Hill Ave.

J. J. Flannery

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1522**

Office of Registrar of Vital Statistics.

Ward **11**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 18th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John Pittroff**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **64** Years,

Months,

Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Widower**

Occupation, **Weaver**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **one year and half**

Place of Death, { Give Street and Number. } **514 Washington St**

Cause of Death, { First (Primary),
Second (Immediate), } **Phtisis**

Duration of Last Sickness, **two days**

All the above information should be furnished by the Physician.

Place of Burial, **St Pauls Rec.**

Date of Burial, **July 20 1887**

Undertaker, **Leonhard Ritz**

Place of Business, **414 S Broadway**

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **1523.**

Office of Registrar of Vital Statistics.

Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 18th 1887**

Full Name of Deceased, **Mary A. Saunders.** Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, **85** Years, **Months,** **Days.**

Color, **White**

~~Married, Single, Widow or Widower,~~ Cross out the words not required in this line.

Occupation,

Birth Place, State or country, and how long in the United States, if of foreign birth. **Worcester Co. Md.**

Duration of Residence in the City of Baltimore, **40 years.**

Place of Death, Give Street and Number. **217 Warren St.**

Cause of Death, First (Primary), Second (Immediate), **Old Age.** **Exhaustion**

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **July 21st 1887**

Undertaker, **Arnold & Co.**

Place of Business, **715 Light**

R. J. N. Tall.

M. D.

Medical Attendant.

Address, **524 Sharp St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. **A**1524 Office of Registrar of Vital Statistics. Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **C**

Date of Death,

July 18 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rebecca Hayward

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days,

Color,

White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Dorchester Co., Md.

Duration of Residence in the City of Baltimore,

35 Years

Place of Death, { Give street and Number. }

118 Harburg St., East

Cause of Death, { First, (Primary).
Second, (Immediate). }

Malarial Fever

Feverous Prostration

7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**Date of Burial, **July 21/887**{ Undertaker, **Chas. H. Lewis** }{ Place of Business, **715 Light** }**H. B. B. M. D.**

Medical Attendant.

Address, **307 Warren Av**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1525 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death,

July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Bostmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 802 W. Wolf St.

Cause of Death, { First (Primary), Second (Immediate), }

Tuberculosis

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 20/87

Undertaker, Armstrong & Co.

Place of Business, 715 Light

John A. D.

M. D.

Medical Attendant.

Address, 1987 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

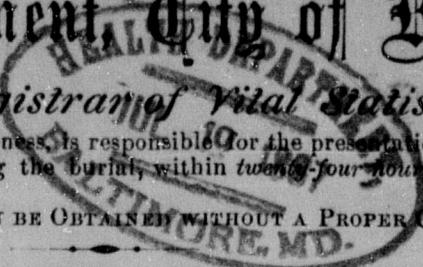
Permit No. 1026

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH. B

Date of Death,

July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margareth Wollring

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

3

Months.

3

Days

white

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. City -

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

802 Burgundy St

Cause of Death, { First (Primary), }

diseased

Second (Immediate),

Marasmus

Duration of Last Sickness,

One month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

J. Blum

M. D.

Date of Burial, July 20th 1887

Undertaker, Louis Wollring

Medical Attendant

Place of Business, Burgundy St

Address,

96 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore. 5

Permit No. 1527

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Cadogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, { Give Street and Number. } 911 Asquith Street

Cause of Death, { First (Primary), Rheumatism
Second (Immediate), Exhaustion }

Duration of Last Sickness, abt 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 20th 1887

Undertaker, J. W. Cadogan

Place of Business, 927 Mulberry St

Cha. W. Morfit

M. D.

Medical Attendant.

Address, 927 East Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[ovr.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

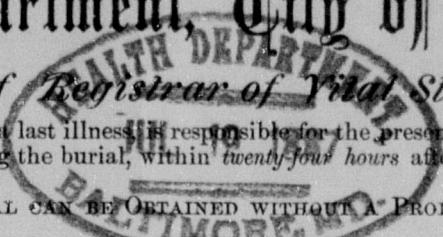
Permit No. 1528

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887 10 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Theresa Kelley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 3027 W. arlington ave

Cause of Death, { First (Primary), Second (Immediate), }

Wintitation
Cerebral Spinal Meningitis

Duration of Last Sickness,

24 hours under treatment

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 19th 1887

{ Undertaker, McCadogan

A. H. Sacter

M. D.

Medical Attendant.

{ Place of Business, 227 Whalley

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A

Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David M. Court

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Laborer

Occupation,

Ireland

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

32 years

Place of Death, { Give street and number. }

906 Hillman St

Cause of death, { First, (Primary). }

Congestive Heart & Bowels

Second, (Immediate).

1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cm

Date of Burial, July 20 1887

Dr. John B. Boyle M. D.,

Medical Attendant.

{ Undertaker, Jao C. Gymc }

{ Place of Business, 3rd & Bay St }

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]